**dhhs_logoDEPARTMENT OF HEALTH & HUMAN SERVICES** **Public Health Service**

Centers for Disease Control and Prevention

### National Center for Health Statistics

#### 3311 Toledo Road

### Hyattsville, Maryland 20782

December 16, 2013

Margo Schwab, Ph.D.

Office of Management and Budget

725 17th Street, N.W.

Washington, DC 20503

Dear Dr. Schwab:

The staff of the NCHS Questionnaire Design Research Laboratory (QDRL) (OMB No. 0920-0222, exp. 06/30/2015) plans to continue to evaluate questions on adult disability developed by the World Health Organization and the World Bank, and to continue to evaluate questions on child disability for the Washington Group on Disability Statistics (WG) with the participation of UNICEF. Questions on adult disability were initially tested as part of the “2013 Comparative Disability Questions and Modes Effects Study” submitted to you in a letter dated July 15, 2013, and questions on child disability were initially tested as part of the “Cognitive testing of child disability, health insurance, Federal Statistical System, and second hand smoke questions” submitted to you in a letter dated July 31, 2012.

We propose to start recruiting for volunteer participants as soon as we receive clearance and to start testing as soon as possible after that.

Background Information about Cognitive Testing of Questionnaires

The methodological design of this proposed study is consistent with the design of typical cognitive testing research. As you know, the purpose of cognitive testing is to obtain information about the processes people use to answer survey questions as well as to identify any potential problems in the questions. The analysis will be qualitative.

Proposed project: Adult and Child Disability Questionnaire

The staff of the NCHS Questionnaire Design Research Laboratory is requesting approval to conduct one hundred total cognitive interviews. Data collection will iteratively evaluate a questionnaire whose functional disability questions were designed by the World Health Organization (WHO) and the World Bank (Attachment 1a) and a child disability questionnaire whose questions were designed by the Washington Group on Disability Statistics (WG) with the participation of UNICEF (Attachment 1b). The interviewer will administer either Attachment 1a, Adult Disability Questionnaire or Attachment 1b, Child Disability Questionnaire to the adult respondent.  However, if there is time left over after administering the Child Disability Questionnaire, the interviewer will ask as many questions from the Adult Disability Questionnaire as time will allow. The testing procedure conforms to the cognitive interviewing techniques that have been described in QDRL’s generic OMB clearance package (No. 0920-0222, exp. 06/30/2015).

We propose to recruit 100 respondents (18 years of age and older) in order to test the adult and child disability questionnaire. Recruitment will include adults with sensory problems (seeing, hearing, speaking); problems with memory, learning, concentrating or making decision; physical problems (such as with standing, walking, lifting, using their hands, washing, dressing); emotional problems; and problems with pain and fatigue. We will also recruit respondents who do not indicate experience with any of the above characteristics. Likewise, we will recruit adults who have a child/children aged 2-17 living in the household who may have difficulty with seeing, hearing, walking, learning, and/or behavior. In addition, we will recruit adults with children 2-17 years of age without these specified criteria. Sample selection will also ensure demographic variety, particularly in terms of gender, education, race/ethnicity and income.

The newspaper advertisements/flyers used to recruit respondents are shown in Attachment 2a-f. The screener used to determine eligibility of individuals responding to the newspaper advertisements/flyers is shown in Attachment 3 (the 5-minute burden for the screener is included in the 1-hour burden). Note that wording of the document has been approved and is contained within our umbrella package. Only project specific information has been added to the document. Within these constraints, we hope to recruit participants with some demographic variety (particularly in terms of gender, education, race/ethnicity, and income).

Interviews will be conducted by QDRL staff members with English speaking respondents. All interviews conducted in the Questionnaire Design Research Laboratory will be video and audio recorded to allow researchers to review the behaviors and body language of the respondents. Interviews conducted offsite will only be audio recorded. These recordings will allow researchers to insure the quality of their interview notes.

After respondents have been briefed on the purpose of the study and the procedures that QDRL routinely takes to protect human subjects, respondents will be asked to read and sign an Informed Consent document. Respondents will also be asked to fill in their demographic characteristics on the Respondent Data Collection Sheet. Note that these documents are contained in our umbrella package.

The interviewer will then ask the respondent to confirm that he/she understands the information in the Informed Consent, and then state that we would like to record the interview. The recorder will be turned on once it is clear that the procedures are understood and agreed upon. The interviewer will then orient the respondent to the cognitive interview with the following introduction:

*Lauren may have told you that we will be working on some questions that will eventually be added to national surveys. Before that happens, we like to test them out on people like yourself. The questions we are testing today are about difficulties [you, your child, you and your child]may have doing certain activities because of [your, your child’s, you and your child’s] health. We are interested in your answers, but also in how you go about making them. I may also ask you questions about the questions—whether they make sense, what you think about when you hear certain words, and so on.*

*I will read each question to you, and I’d like you to answer as best you can. Please try to tell me what you are thinking as you figure out how to answer. Also, please tell me if:*

*there are words you don’t understand,*

*the question doesn’t make sense to you,*

*you could interpret it more than one way,*

*it seems out of order,*

*or if the answer you are looking for is not provided.*

*The more you can tell us, the more useful it will be to us as we try to develop better questions. Okay? Do you have any questions before we start? If yes, answer questions. If not, let’s get started.*

After the interview, respondents will be given the thank-you letter (document contained in umbrella package) signed by Charles J. Rothwell, Director of NCHS, a copy of the informed consent document, and $40.

After the interview, respondents will also be asked to read the Special Consent for Expanded Use of Video and Audio Recordings. Note that this document is contained in our umbrella package. There will be no coercion and the respondents will be told that they can call and reverse the decision at any time if they change their minds. If respondents do sign the special consent form they will be given a copy of that as well.

Extreme care will be taken with all recordings and paperwork from the interviews conducted off-site. Recordings and identifying paperwork will be stored in a secured travel case until returned to NCHS, at which point they will be transferred to the usual secured locked storage cabinets.

We propose paying participants $40, which is our standard payment. In total, for this project, the maximum respondent burden will be 100 hours of interviewing. A burden table for this project is shown below:

| **Projects** | **Number of**  **Participants** | **Number of**  **Responses/**  **Participant** | **Average hours**  **per response** | **Response**  **burden** |
| --- | --- | --- | --- | --- |
| QDRL Interviews |  |  |  |  |
| 2) Other Questionnaire Testing | 100 | 1 | 1 | 100 |

Attachments (4)

cc:

V. Buie

T. Richardson

DHHS RCO